

or's Signature: _____

ee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 22, 2011

ee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
Kate	Day: In - Out		/	7:25 2:55	7:25 2:55	7:00 3:00	/	
	Lunch: Out - In		/	12:00 12:30	12:00 12:30	12:00 12:30	/	
	Outside Duty: From - To		/				/	
ee Signature								
ent exceptions or comments, indicate type and			HLN 7.5 ✓	0.5 hr. Vaca ✓	1 hr. Sick ✓	0.5 hr. Vaca ✓	Vac 7.5 ✓	
ins, Stacey	Day: In - Out		/	/	/	/	/	
	Lunch: Out - In		/	/	/	/	/	
	Outside Duty: From - To		/	/	/	/	/	
ee Signature								
ent exceptions or comments, indicate type and			HLN 7.5 ✓	CIH 7.5 ✓	VAC 7.5 ✓	VAC 7.5 ✓	VAC 7.5 ✓	
g, Annie	Day: In - Out		/	6:45 4:00	6:45 4:15	6:45 3:00	6:45 4:15	
	Lunch: Out - In		/	12:00 12:30		12:00 12:30	12:00 12:30	
	Outside Duty: From - To		/		12:45 4:00			
ee Signature								
ent exceptions or comments, indicate type and			HLN 7.5 ✓	OT 1.25 hr ✓	Beckford District OT 1.5 ✓		OT 1.25 ✓	
i, Daniela	Day: In - Out		/	6:45 6:45	6:45 3:15	6:45 4:45	6:45 5:45	
	Lunch: Out - In		/	1:00 1:30	1:00 2:00	12:30 1:00	1:45 2:15	
	Outside Duty: From - To		/					
ee Signature								
ent exceptions or comments, indicate type and			HLN 7.5 ✓	OT 4.0 hr ✓		OT 2.0 ✓	OT 3.0 ✓	

Supervisor's Signature: _____

C. Salem

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: January 22, 2011

Employee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
Lisa 100 <i>Lisa</i> Employee Signature	Day: In - Out		/	6:45 2:45		6:45 2:45	/	
	Lunch: Out - In		/			12:00 12:30	/	
	Outside Duty: From - To		/	Lawrence 11:35			/	
ent exceptions or comments, indicate type and t.			HLN 7.5		Lawrence District		personal 7.5hr	
Michael <i>Michael</i> Employee Signature	Day: In - Out		/	8:40 7:10	8:05 7:35	8:15 7:45	7:25 5:25	7:10 3:10
	Lunch: Out - In		/	1:55 2:25	12:55 1:25	1:40 2:10	1:30 2:00	12:30 1:00
	Outside Duty: From - To		/					
ent exceptions or comments, indicate type and t.			HLN 7.5	OT 2.5	OT 4.5	OT 3.5	OT 2.0	OT 7.5
Nicole 100 <i>N</i> Employee Signature	Day: In - Out		/	/	/	/	/	
	Lunch: Out - In		/	/	/	/	/	
	Outside Duty: From - To		/	/	/	/	/	
ent exceptions or comments, indicate type and t.			MUN 7.5	MUN 7.5	MUN 7.5	MUN 7.5	MUN 7.5	
Elisabeth 100 <i>Elisabeth</i> Employee Signature	Day: In - Out		/	8:00 2:00	7:45 4:15	7:45 1:45	8:05 2:15	
	Lunch: Out - In		/	11:30 12:00	11:30 12:00		11:30 12:00	
	Outside Duty: From - To		/					
ent exceptions or comments, indicate type and t.			HLN 7.5 VAC 1.5	SIF 1.0	CIT 1.0	Per 2.5		

Director's Signature: _____

C. Salemi

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: **January 22, 2011**

Employee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
Gloria	Day: In - Out							
000	Lunch: Out - In							
<i>AS</i>	Outside Duty: From - To							
Employee Signature								
ent exceptions or comments, indicate type and t.			HLN 7.5 ✓	CMT 7.5 hr ✓	Per 7.5 ✓	CMT 7.5 ✓	CMT 7.5 ✓	
Peter	Day: In - Out			6:45 1700	7:05 7:05	6:45 6:45	6:45 6:45	6:45 2:45 2:45
000	Lunch: Out - In			12 1230	12 1230	12 1230	12 1230	12 1230
<i>Peter</i>	Outside Duty: From - To							
Employee Signature								
ent exceptions or comments, indicate type and t.			HLN 7.5 ✓	OT 4.25 hr ✓	OT 4.0 hr ✓	OT 4.0 ✓	OT 4.0 ✓	OT 7.5 ✓
Skowski, Daniel	Day: In - Out			6:45 1:45	6:45 2:45	6:45 2:45		
000	Lunch: Out - In			1200 1230	1200 1230	1200 1230		
<i>D Skowski</i>	Outside Duty: From - To							
Employee Signature								
ent exceptions or comments, indicate type and t.			HLN 7.5 ✓	1.0 hr Comp Used ✓			VAC 7.5 ✓	
ue, Shirley	Day: In - Out				9:05 12:55	9:05 5:05	12:30 5:00	
000	Lunch: Out - In					1:00 1:30		
<i>Shirley</i>	Outside Duty: From - To							
Employee Signature								
ent exceptions or comments, indicate type and t.			HLN 7.5 ✓	CHI 7.5 ✓	4.0 SIC ✓			

Director's Signature: _____

C. Salerni

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 22, 2011

Employee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
Zhi	Day: In - Out							
000	Lunch: Out - In							
<i>JS</i>	Outside Duty: From - To							
Employee Signature								
ent exceptions or comments, indicate type and t			HLN 7.5 ✓	CIH 7.5 ✓	Per 7.5 ✓	Per 7.5 ✓	Per 7.5 ✓	
Mai	Day: In - Out					9	12	
000	Lunch: Out - In							
<i>JS</i>	Outside Duty: From - To							
Employee Signature								
ent exceptions or comments, indicate type and t			HLN 3.8 VAC 2.2 ✓	SICK ✓	SICK 6.0 3.75 VAC ✓			
Janice	Day: In - Out			850 350	8- 4-	825 335	850 4-	
000	Lunch: Out - In			1- 130	1- 130		1- 130	
<i>Janilli</i>	Outside Duty: From - To							
Employee Signature								
ent exceptions or comments, indicate type and t			HLN 7.5 ✓	1.0 PERS ✓		.50 PERS ✓		
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
ent exceptions or comments, indicate type and t								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 18 - 21, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: _____ Date: _____

Department Head: Julie Hamt Date: 1/20/11

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Annie Deukhan	275153	4.0 hrs			
Daniela Frasca	241373	9.0 hrs			
Michael Lanke	120459	12.5 hrs			
Pete Piro	138624	16.25 hrs			

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 23, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: _____ Date: _____

Department Head: [Signature] Date: 1/20/11

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lankford	120459	7.5 hrs			
Peter Piro	138604	7.5 hrs			